

MISSOURI DEPARTMENT OF REVENUE DIVISION OF TAXATION AND COLLECTION PO BOX 811, JEFFERSON CITY, MO 65105-0811

## CIGARETTE TAX STAMP RECORD — SCHEDULE C

FORM

304

(REV. 11-2004)

MONTH OF

, 20

WHOLESALER LICENSE NUMBER COMPLETE EACH SECTION AND TRANSFER TOTALS TO THE CONSOLIDATED MONTHLY CIGARETTE TAX REPORT (FORM 265) If you have questions or need assistance in completing this form, please call (573) 751-7163 (TDD 1-800-735-2966) or e-mail excise@dor.mo.gov. You may also access this form from the Department's web site: www.dor.mo.gov/tax/business/tobacco/forms/. CHECK THE TYPE OF PACKS YOU WILL REPORT ON THIS SCHEDULE — ONE TYPE ON A SCHEDULE. ☐ TWENTY-FIVE PACKS ☐ TWENTY PACKS SECTION 1 — STAMPS PURCHASED — LIST NUMBER OF PACKS FOR EACH TYPE OF DECAL (D) STATE & (E) OTHER (B) STATE (C) STATE & INVOICE **DATE** ST. LOUIS COUNTY **JACKSON COUNTY** STATES\* ONLY **NUMBER TOTALS** ALSO ENTER ON FORM 265 OR 4426 SECTION 2 — STAMPS RECEIVED FOR CREDIT ON STAMPED CIGARETTES RETURNED TO THE MANUFACTURER, ETC. — LIST NUMBER OF PACKS FOR EACH TYPE OF DECAL INVOICE (B) STATE (C) STATE & (D) STATE & (E) OTHER **DATE** ST. LOUIS COUNTY **JACKSON COUNTY** STATES\* **NUMBER** ONLY **TOTALS** ALSO ENTER ON **FORM 265 OR 4426** SECTION 3 — STAMPS USED (AFFIXED) — ON LAST BUSINESS DAY OF THE MONTH, ENTER TOTAL DECALS USED DURING THE MONTH FOR EACH TYPE. LAST BUSINESS DATE: (B) STATE (C) STATE & (D) STATE & (E) OTHER ST. LOUIS COUNTY **JACKSON COUNTY** STATES\* ONLY **TOTALS** ALSO ENTER ON FORM 265 OR 4426 \* ONLY IN-STATE WHOLESALERS ARE REQUIRED TO COMPLETE COLUMN TITLED "OTHER STATES."